Follow-up Psychiatry Progress Note



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
Subjective:		,1		
Objective: Mental Status Exam				
Sensorium: Alert Orie	nted x 3	ctible	entration 🚨 Oth	ner
Appearance:□ Well kept □ Self-	neglect Other			
Behavior: ☐ Calm ☐ Agita				
Speech: 🗅 Clear/Coherent 🗅 S				
Mood: ☐ Euthymic ☐ Depi				Other
Affect: ☐ Appropriate ☐ Inap		ricted 🔲 Blunted [
Thought Process: Goal-Directe				
Thought Content: ☐ Homicidal				☐ Other
Describe hallucinations/delusions	:			
Memory: ☐ Recent Intact ☐ F				
_ab Results:	Medic	ation Side Effects:		
AIMS (mark if baseline or f/u):	Baseline Score	6 Mo. F/U Score [□ N/A – based on cu	rrent treatment regimen
Response to Treatment:				
Diagnosis:				
Axis I:		Axis II:		
		Axis V:		
Plan: 1. Medication		2. Lab:		
(dose, frequency, duration)				
		<u>-</u> :		
3. Other (include F/U by MH	P):			
4. Follow up Appt: □	week(s) 🚨 F	RN D No f/u necess	ary	
Psychiatric Provider			Date	



Progress Note



Patient Name		Inmate Number	Booking Number	Date of Birth	Today's Date
ALLERGI	ES				
Time	Comments:				
	<i>i</i>				
	_				



Provider Progress Note



Patient Name		Inmate Number	Booking Number	Date of Birth	Today's Date
ALLERGIES	2		•		
BP	TempPu	lseResp	02 Sat	Ht	Wt
Blood Sugar_	Peak Flow_				
Time	Comments:				
					_
		_			



